**2019-2020 GRANT APPLICATION
up to $15,000**

*Please review the Grants Program Guidelines at* [*www.keiro.org/grants*](http://www.keiro.org/grants)

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| **Organizational Information and Contact**  |
| Name of Organization Click here to enter text. |
| MissionClick here to enter text. |
| Mailing Address Click here to enter text. |
| City Click here to enter text. | State Click here to enter text. | Zip Code Click here  |
| Phone Number Click here to enter text. | Fax Number Click here to enter text. |
| Federal Tax ID Number Click here to enter text. | Website Address Click here to enter text. |
| Type of Organization [ ]  501(c)(3) not-for-profit organization [ ]  Religious Organization[x]  Community Group (under fiscal sponsorship) \* [ ]  Other Click here to enter text.\* If under fiscal sponsorship, name of sponsoring organization ­­­­­­­­­­­­ Click here to enter text. |

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| Name of Chief Organizational Leader Click here to enter text. |
| Contact Person for this application Click here to enter text. |
| Title Click here to enter text. | Phone Number Click here to enter text. |
|  | Email Address Click here to enter text. |

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| Total Annual Organizational Budget Click here to enter text. |
| Total Project Budget Click here to enter text. | Total Request from Keiro Click here to enter text. |
| Purpose of Request: [x]  New program [ ]  Program Development[ ]  Core Operating Support [ ]  Capital needs[ ]  Capacity Building |

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| Project/Program Title Click here to enter text. |
| Brief Project/Program Description/Summary (*limit to 100 words)* Click here to enter text. |
| **Question 1: Identified Issues or Challenges****1a: What are key issues or challenges affecting older adults or caregivers served by your organization?** |
| Click here to enter text. |
| **1b: Have your members or caregivers expressed a need to address these issues? Please explain.***For ex. have you conducted surveys/received feedback to address this request? By how many people?* |
| Click here to enter text. |
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| **Question 2: Connecting a Solution with the Issues****2a: Is your organization currently addressing the issues or challenges mentioned in Question 1?** |
| Click here to enter text. |
| **2b: How does your proposed project/program address one or more of the issues or challenges faced by older adults and/or caregivers in your organization?** |
| Click here to enter text. |
| **2c: Why is support from Keiro specifically needed to address this issue?***Is there a demand or need for the services provided by this project/program? Please describe this need.* |
| Click here to enter text. |
| **Question 3: Goals and Objectives****3a: What are the specific goals of this project/program?***What are you hoping to accomplish with this project/program?* |
| Click here to enter text. |
| **3b: What services will your proposed project provide your members in order to meet these goals?***What steps will you take to accomplish the goals outlined in 3a?* |
| Click here to enter text. |
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| **Question 4: Organization Demographics****4a: Please provide a brief overview of the *demographics and geography* your organization serves.** |
| Click here to enter text. |
| **4b: How many Japanese American and Japanese older adults/caregivers does your organization currently serve each year?** |
| Japanese American and Japanese older adults: Click here to enter text.Caregivers: Click here to enter text. |

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| **Question 5: Project/Program Demographics:****5a: How many Japanese American and Japanese older adults/caregivers will this project/program serve?** |
| Japanese American and Japanese older adults: Click here to enter text.Caregivers: Click here to enter text. |
| **5b: Please describe the impact you hope the project/program will have on the target population.**  |
| Click here to enter text. |
| **Question 6: Evaluation****6a: How will you measure the success of this project/program?***How will you evaluate if your needs or challenges were addressed?* |
| Click here to enter text. |
| **6b: What metrics, besides surveys, will be used to assess the success of your proposal?** |
| Click here to enter text. |

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| **Question 7: Organization History****7a: Please provide a brief description of your organization including key services for older adults.** |
| Brief organization history: Click here to enter text.Key services for older adults: Click here to enter text. |

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| **Question 8: Funding****8a: Would you still conduct the project/program without funding from Keiro?** |
| Click here to enter text. |
| **8b: Please explain how you would adjust your project/program budget if you were to receive partial funding or no funding from Keiro.** |
| Click here to enter text. |
| **8c: What are your organization’s primary sources of funding?** *(For ex. fundraising, membership, grants, etc.)* |
| Click here to enter text. |

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| **Question 9: Sustainability****9a: Do you plan on sustaining this project/program beyond the 12-month Keiro grant period? Yes/No** |
| Click here to enter text. |
| **9b: Keiro funding after a 12-month period is not guaranteed. If you wish to sustain this project/program, how does your organization plan to support the continuation of this project and maintain its stability?** |
| Click here to enter text. |

**Required Attachments**

[ ]  List of Board of Directors or steering committee

[ ]  Organizational operating budget

[ ]  Project budget

[ ]  Copy of your organization’s IRS verification letter of 501(c)(3) status, if applicable

[ ]  Copy of your organization’s most recent 990, if applicable

[ ]  If partnering with another organization, a letter indicating support

[ ]  If fiscally sponsored by another organization, letter of support from the fiscal sponsor

**Additional Attachments (optional)**

[ ]  Optional: Compilation, Review, or Audited Financial Statements, if applicable

[ ]  Optional: Surveys to show demonstrated need for proposal

[ ]  Research studies, newspaper articles, or reports justifying need

**Application Submission Guidelines**

Application materials will be accepted electronically or in person to:

Keiro

ATTN: Grants Program

420 East Third Street, Suite 1000
Los Angeles, CA 90013

grants@keiro.org

**Application submission deadline**

Applications will be accepted through **Friday, August 30, 2019**. We encourage early submissions. Grant awards will be announced in January 2020.

For more information, please contact Makoto Kotani, Program Analyst, at 213.873.5703 or grants@keiro.org.

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